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To: Community Care for the Aged And Disabled (CCAD)
Residential Care (RC) Providers

Subject: Long Term Care (LTC)
Information Letter No. 03-23
New Billing Procedures for Residential Care (RC)

To meet the funding levels allocated to the Texas Department of Human Services (DHS) in the 2004-2005 General Appropriations Act, effective September 1, 2003, all CCAD RC clients must make a payment for room and board services directly to the facility. All CCAD RC clients will have their copayment amounts adjusted accordingly. The total amount paid by the client to the facility will not change. These program changes will result in changes to the billing procedures for the CCAD RC Program.

All CCAD RC facilities will receive a copy of a client-specific notice for each CCAD RC client residing in their facility. The client-specific notice will contain the amount of the room and board payment, as well as the change in any applicable copayment for each client. This client-specific notice must be placed in the client's file and will serve as the official authorization of room and board and copayment amounts, in place of Form 2101, Authorization for Community Care Services and Form 2065-A, Notification of Community Care Services. The facility must collect the new room and board and copayment amounts beginning September 1, 2003. CCAD RC facilities that do not receive a client-specific notice for a CCAD RC client residing in their facility by September 1, 2003 must contact the case manager for that client immediately.

As a result of these changes, new procedures, service codes, and billing codes have been developed for billing CCAD RC services. All new procedures and codes are effective September 1, 2003. For services provided before September 1, 2003, providers should use the old procedures and codes. For services provided on or after September 1, 2003, providers should use the new codes and procedures. Examples of line items for claims using the new service codes and billing codes are attached.

Billing for Services Delivered

DHS has established new service codes and matching billing codes for services delivered in the CCAD RC Program. This is due to a change in funding for the CCAD RC Program effective September 1, 2003. CCAD RC providers will continue to submit claims for services delivered on a monthly basis. The new service codes and billing codes for CCAD RC are:

Service Description	Service Code	Bill Code	Unit Type
Residential Care Apartment Title XX	19K	G0945	Daily
Residential Care Non-Apartment Title XX	19L	G0946	Daily
Residential Care Emergency Care Title XX	19M	G0947	Daily

CCAD RC facilities should carefully check each referral received to ensure Form 2101, Authorization for Community Care Services, reflects the correct setting in the authorized service code. If the CCAD RC facility receives Form 2101 with the incorrect setting authorized, the facility should contact the case manager immediately.

CCAD RC facilities will continue to deduct any copayment from the claim for services delivered. CCAD RC facilities should carefully check the Medicaid Eligibility, SAVERR and Verification (MESAV) report for each client to ensure the correct copayment amount is registered in the Service Authorization System (SAS). Regardless of the copayment amount deducted from the claim, the Claims Management System (CMS) will deduct the amount registered in SAS from the claim. CCAD RC facilities should contact the case manager immediately if the copayment is not registered correctly.

Billing for Bedhold

DHS has changed the procedures for bedhold charges. Effective September 1, 2003, CCAD RC facilities will retain the room and board payment made by the client as part of the bedhold charge. To supplement the bedhold amount, CCAD RC facilities will use two new service codes, and matching billing codes, to submit claims for bedhold for days the client is using institutional leave. Each CCAD RC client will be registered for the appropriate bedhold service code, based on the setting authorized. The new service codes and billing codes are:

Service Description	Service Code	Bill Code	Unit Type
Residential Care Bedhold – Non-Apartment Title XX	19I	G0943	Daily
Residential Care Bedhold – Apartment Title XX	19J	G0944	Daily

When a client is utilizing institutional leave for a partial month, CCAD RC facilities will have two separate line items for claims (services delivered and bedhold). If a client is utilizing institutional leave for the entire month, CCAD RC facilities will only have one line item for claims (bedhold).

Room and Board Payments Effective September 1, 2003

DHS is establishing room and board payments for CCAD RC clients based on the setting in which the client resides. The room and board amounts the clients will pay are:

Setting	Daily Rate	Monthly Rate (Daily x 30.4)
Apartment	\$9.10	\$276.64
Non-Apartment	\$7.41	\$225.26

Clients Who Cannot Pay Room and Board

Some clients are unable to pay the entire room and board amount for the setting in which they reside. DHS will pay room and board supplements for these clients, up to the total amount of room and board. CCAD RC facilities will submit a claim for a room and board supplement as long as the client's income is such that the client cannot pay the entire amount. The case manager will determine the amount of room and board a client can pay and inform the facility of that amount via a separate Form 2101, Authorization for Community Care Services.

Effective September 1, 2003, CCAD RC facilities will collect the room and board from the client based on the amount authorized on Form 2101. CCAD RC facilities should submit a claim for the balance of the room and board amount. The service codes and matching billing codes are:

Service Description	Service Code	Bill Code	Unit Type
Residential Care Room and Board – Non-Apartment	19N	G0948	Monthly
Residential Care Room and Board– Apartment	19O	G0949	Monthly

The room and board amount is claimed as a single line item. CCAD RC facilities should use \$1.00 as the unit rate, and the amount of room and board the client is unable to pay as the units billed. The attached examples give further detail of this billing method.

Please call your contract manager if you have any other questions. Contract Managers should contact Sarah Hambrick at (512) 438-2578 if they have any questions.

Sincerely,

Signature on file

Becky Beechinor
Assistant Deputy Commissioner
Long Term Care Services

BB:ck

Attachment

*Community Care for the Aged and Disabled (CCAD) Residential Care (RC)
Billing Examples, Effective September 1, 2003*

- Client in the facility all month (Using Apartment Setting, Service Code 19K) (Client pays all of his room and board)

Begin Date	End Date	Billing Code	Copayment Amount	No. of Units	Unit Rate	Total
9/1/2003	9/30/2003	G0945	As authorized	31	As authorized	(No. of units x rate) – copayment

- Client in the facility all month (Using Non-Apartment Setting, Service Code 19L) (Client does not pay all of his room and board; uses Service Code 19N)

Begin Date	End Date	Billing Code	Copayment Amount	No. of Units	Unit Rate	Total
9/1/2003	9/30/2003	G0946	As authorized	31	As authorized	(No. of units x rate) – copayment
9/1/2003	9/30/2003	G0948	N/A	(\$225.26 - room & board authorized on Form 2101)	\$1.00	(\$225.26 - room & board authorized on Form 2101)

- Client with 10 days hospital leave (Using Non-Apartment Setting, Service Codes 19L and 19I) (Client pays all of his room and board)

Begin Date	End Date	Billing Code	Copayment Amount	No. of Units	Unit Rate	Total
9/1/2003	9/15/2003	G0946	(authorized amount divided by days in the month) x number of days for this line item	15	As authorized	(No. of units x rate) – copayment
9/16/2003	9/25/2003	G0943	N/A	10	As authorized	No. of units x unit rate
6/26/2003	9/30/2003	G0946	(authorized amount divided by days in the month) x number of days for this line item	5	As authorized	(No. of units x rate) – copayment

- Client with 10 days hospital leave (Using Apartment Setting, Service Codes 19K and 19J) (Client does not pay all of his room and board; uses Service Code 19O)

Begin Date	End Date	Billing Code	Copayment Amount	No. of Units	Unit Rate	Total
9/1/2003	9/15/2003	G0945	(authorized amount divided by days in the month) x number of days for this line item	15	As authorized	(No. of units x rate) – copayment
9/16/2003	9/25/2003	G0944	N/A	10	As authorized	No. of units x unit rate
6/26/2003	9/30/2003	G0946	(authorized amount divided by days in the month) x number of days for this line item	5	As authorized	(No. of units x rate) – copayment
9/1/2003	9/30/2003	G0949	N/A	(\$276.64 - room & board authorized on Form 2101)	\$1.00	(\$276.64 - room & board authorized on Form 2101)